



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 33807		2. Exact name of the Corporation O'Dell Enterprises Inc			
3. Principal office address 120 Cedar Lane			City Seekonk	State MA	Zip 02771
4. Business Phone No. 401-480-6197		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island none sold 2012 Retail Liquor Building Sold 2013					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Pearl O'Dell			Vice-President Name Pearl O'Dell		
Street Address 120 Cedar Lane			Street Address 120 Cedar Lane		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Pearl O'Dell			Treasurer Name Pearl O'Dell		
Street Address 120 Cedar Lane			Street Address 120 Cedar Lane		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 0277
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Pearl O'Dell			Director Name		
Street Address 120 Cedar Lane			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 06 2014

BY 622

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Pearl O'Dell **4-23-14**
 Signature of Authorized Representative Date

Pearl O'Dell President
 Print or Type Name of Authorized Representative